

09/265-363

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					61	
2	/					62	
3	/					63	
4	/					64	
5	/					65	
6	/					66	
7	/					67	
8	/					68	
9	/					69	
10	/					70	
11	/					71	
12	/					72	
13	/					73	
14	/					74	
15						75	
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26						86	
27						87	
28						88	
29						89	
30						90	
31						91	
32						92	
33						93	
34						94	
35						95	
36						96	
37						97	
38						98	
39						99	
40						100	
41						TOTAL IND.	
42						TOTAL DEP.	
43						TOTAL DEP.	
44							
45							
46							
47							
48							
49							
50							
TOTAL	6						
TOTAL	8						